



Report of an inspection of a Designated Centre for Disabilities (Children).

Issued by the Chief Inspector

Name of designated centre:	Verna House
Name of provider:	Resilience Healthcare Limited
Address of centre:	Kilkenny
Type of inspection:	Unannounced
Date of inspection:	30 March 2022
Centre ID:	OSV-0005676
Fieldwork ID:	MON-0036449

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

This centre provides residential services to four children (both male and female) from six to eighteen years of age. The centre is based in a rural location in County Kilkenny however, transport is provided so the children can access the local town and nearby city and avail of community based facilities such as the swimming pool, parks, cafes, restaurants and attend school.

The centre is staffed with a full time person in charge, a team leader and a team of qualified support workers. All children are provided with one-to-one staffing support while in the centre and some with two-to-one staff support while in the community. The centre comprises of a large detached house and each child has their own room which are decorated to their individual style and preference. Communal areas include a very large well equipped kitchen, a large dining area, a spacious sitting room and a relaxation/therapeutic room. The centre supports the educational needs of each child and provides them with learning opportunities so as to optimise their autonomy and maximise their independence.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 30 March 2022	07:45hrs to 13:00hrs	Tanya Brady	Lead

What residents told us and what inspectors observed

This was an unannounced inspection completed to monitor the levels of compliance in the centre with Regulation 27 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the National Standards for Infection Prevention and Control in Community Services (HIQA, 2018).

The inspection took place during the COVID-19 pandemic and therefore precautions were taken by the inspector in line with national guidance for residential care facilities. This included social distancing, wearing face masks and regular hand hygiene. On arrival and exiting the centre, in the hall where staff, young people and visitors entered there was an area to sanitise hands and sign the visitor's book. Staff then had to enter the kitchen in order to take their temperature, the inspector was not guided to follow this step on the day of inspection. It was also not clear to the inspector whether staff were taking their temperature in advance of engaging with the young people who were present in the kitchen area.

The centre comprises a large two storey property set in a rural area and in its own grounds with gardens set to lawn on all sides and a patio to the rear. This centre is registered for a maximum of four young people although five young people live here with two of them availing of a shared placement for one of the registered beds. On the morning of the inspection there were three young people present and they were finishing breakfast and getting ready for school when the inspector arrived. Each young person had their own bedroom with two rooms on the first floor sharing a bathroom and two on the ground floor sharing a bathroom. There was a large kitchen-dining room, conservatory and two sensory play rooms also available for the young people to use. The inspector met with the young people, the staff team and the local management of the centre over the course of the day. The staff team were observed to be aware of each young persons individual communication requirements and used non-verbal cues to support understanding of daily routines. The young people were at all times observed to be treated in a caring and respectful manner.

On the day of inspection the centre was busy with members of the maintenance department and a painter present and staff were preparing for a confirmation party for one young person the following day. A bouncy castle was delivered and set up in the garden during the course of the morning. At the previous inspection of this centre a number of areas required action regarding the premises and fire safety. The premises issues in particular would have had a bearing on the staffs ability to comply with infection prevention and control measures. The provider had ensured substantive work had been completed in the house including the complete renovation of a bathroom/wet room. The maintenance team met with the inspector over the course of the inspection to outline works that had been completed and those that were scheduled with for example all wall decorations removed as painting

of the centre started the day of inspection.

The inspector observed a number of measures in place to promote a clean environment that minimised the risk of transmitting a healthcare associated infection. This included cleaning of mats and equipment used during personal care, cleaning of the soft play and sensory areas and washing of soft and hard toys. Staff were observed wearing ppe as required and using the hand washing area and hand gels. However, some actions were required to ensure that the infection prevention and control measures implemented were consistent with Regulation 27, the national standards and in line with the providers' policy on infection prevention and control.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

Overall the inspector found that the registered provider was demonstrating the capacity and capability to provide a safe service. The provider had established systems to support the provision of information, escalation of concerns and responses to matters related to infection prevention and control.

First registered as a standalone designated centre in January 2018, this centre received its first HIQA inspection in August 2018 where an overall good level of compliance was found. As part of a programme of focused inspections commenced by HIQA in October 2021 focusing on infection prevention and control practices, this inspection was carried out in the centre to assess the discipline and practice in this area. Key areas of focus on this inspection included staffing, monitoring of the infection prevention and control practices by the provider and the leadership, governance and management of the centre.

Overall, the current inspection found that the provider has established a good structure of infection prevention and control systems and supports for its designated centres. Within this centre there were clear and effective management systems in place with a full time person in charge in place supported by a team leader. The centre availed of the provider systems such as access of information and guidance specific to infection prevention and control. In addition the staff in the centre were supported by the provider having established links with Public Health, an out-of-hours on-call system and the availability of staff with specific responsibility for the management of infection prevention and control within the centre.

From speaking with staff members and the person in charge, it was clear that there was a good knowledge of supports in place and a good awareness of the procedures to follow in the event of a suspected or confirmed case of COVID-19 impacting this centre. There had been an outbreak of COVID-19 within this centre and the

inspector on reviewing how the providers systems had been applied was assured that the surge plan that had been in operation had supported the safe provision of care and support for the young people. As such the inspector was assured that, appropriate contingencies were available to support the running of this centre during the COVID-19 pandemic.

Systems were also in place to monitor the services provided to young people from an infection prevention and control perspective. These included audits in areas such as hand hygiene, the integrity of mattresses and environmental cleanliness. In addition clear systems in place to manage the transition between the young people who used the shared bedroom. However, based on the findings of this inspection some improvement was required in order to ensure that some key issues identified were actioned quickly. For example, the inspector raised concerns regarding the suitability of the lay out of the utility room and the storage facilities available for cleaning equipment and staff belongings. This is discussed in greater detail below. Those involved in the management of this centre were aware of this issue and discussed possible options that were being considered to rearrange and create more storage space however no time line was in place for this work to be completed.

Aside from the audits reviewed by the inspector, other documentation such as staff training records were read. These indicated that all staff members working in this designated centre had undergone relevant training in areas such as COVID-19 and hand hygiene. Staff members spoken with during this inspection demonstrated good knowledge in such areas, particularly in terms of the symptoms of COVID-19 to watch out for.

Quality and safety

There was evidence that infection prevention and control practices were being carried out in the designated centre. The centre was clean and staff were observed completing tasks to ensure that they followed the cleaning schedules in place. This had been supported by the replacement of flooring and refurbishment of a bathroom by the provider. However, some areas still required maintenance such as outstanding areas of flooring or replacement of a kitchen counter that was damaged. The inspector acknowledges that these had been identified by the provider and were scheduled for completion.

From documentation reviewed during this inspection, it was seen that matters related to COVID-19 and infection prevention and control had been considered from a risk management perspective. General COVID-19 and other health care associated disease risk assessments were in place for the designated centre overall and for individual young people. The risk assessments that were in place outlined various control measures that were intended to prevent young people contracting COVID-19

or other disease such as Legionnaires disease.

As highlighted earlier, areas for improvement were identified regarding the storage of cleaning equipment and other items. For example, staff had hung their coats on the pegs intended for the storage of mops this meant mop heads were left damp inside buckets. A soft toy was hanging over the utility room door as there was not another area to leave it given levels of clutter on counter tops. In addition the identified area for staff hand washing was difficult to access due to the volume of laundry baskets on the floor. The young people's towels or comfort blankets were stored in a kitchen cupboard and fell out onto the floor when the door was opened.

While storage was an area for improvement it was noted, that staff staff spoken with did demonstrate a good knowledge of how cleaning equipment such as cloths and mops heads were to be washed. Multiple bins were available throughout the designated centre, most of which were operated by a foot pedal but some of these required replacement as they were not opening as required. A replacement bin was ordered by the person in charge. There were clear systems in place for the management of waste including clinical waste, although review was required where young people were supported in management of incontinence in their bedroom and staff had to enter and leave the room to dispose of waste which involved the handling of the door and door handles with potentially contaminated gloves.

While not specifically part of this focused inspection, the inspector also reviewed the fire safety works that had been identified as required on the last inspection. The provider had ensured that new doors had been fitted prioritising high risk areas of the centre. Finishing work for example to frames was still outstanding but was scheduled. On arrival to the centre the inspector noted that the door to the utility room was held open by staff and prevented from closing, in addition another door was blocked and locked. This were all amended on the day of inspection and the person in charge discussed these practices with the staff team.

It was evident that infection prevention and control practices were discussed with the young people in a way that was accessible to them. Social stories and other communication supports had been developed and used with the young people in key working sessions and throughout routine daily activities.

Regulation 27: Protection against infection

Overall the inspector found that the service provider was meeting the requirements of the national standards for infection prevention and control in community services, and keeping the staff team and the young people safe. There were clear management and oversight systems in place and infection control measures were regularly audited and reviewed. The designated centre was visibly clean on the day of the inspection and cleaning schedules were in place. The staff team were guided by the provider's infection control policy and all staff had completed training in areas including infection control, hand hygiene and donning and doffing PPE.

However, some improvement was required in the following areas some of which had been self-identified by the provider and plans were in place to address same.

- Audits relevant to infection prevention and control were being conducted but some improvement was required in order to ensure that key issues identified were actioned quickly in particular the improvements required for the storage of cleaning equipment.
- Relevant training was provided to staff members but, based on observations made during this inspection, some improvement was required regarding safe practices relating to the system for arrival at the centre.
- Cleaning schedules were in place but the practices regarding cleaning of doors in bedrooms where young people were supported with personal care required review.
- The size and layout of the utility room posed challenges from an infection prevention and control perspective which was not helped by limited storage facilities.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Quality and safety	
Regulation 27: Protection against infection	Substantially compliant

Compliance Plan for Verna House OSV-0005676

Inspection ID: MON-0036449

Date of inspection: 30/03/2022

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>New storage arrangements are in place to allow for the storage of cleaning supplies and equipment, to maximize the space available in the utility room.</p> <p>A detailed standard operating procedure was developed to guide staff in safe practices after carrying out personal care.</p> <p>A detailed and comprehensive standard operating procedure was developed to guide staff in safe practices when arriving at the center. New arrangements are in place in the foyer of the service in line with same. Signage has been placed at the front door to guide staff and inform visitors of procedures in place.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	11/04/2022